RFI# 386-07-004 (Attachment E) - Questions and USAID Response

The following are official USAID responses to many of the questions posed, principally by interested parties that attended the Pre-solicitation Conference held in New Delhi, India on May 3, 2007. Where practical, the USAID Response makes reference to the specific passage and page in the final Statement of Work (SOW) addressing the point raised.

Ques1**.** The scope of technical assistance which the MCH START Prime is expected to lead. Although page 15 of the Draft Statement of Work does describe potential subjects for technical assistance, we want to know if these subjects include formulation of district, block and village health plans, grounding these in the Gram Sabhas, negotiating and influencing the Panchayat representatives, as well as the executive. Can applications propose to provide technical leadership on these lines?

Response: *See page 36, last paragraph. See also page 29, third item under "What MCH-STAR will not do." The subjects described in this question are not categorically excluded from MCH-STAR, but direct technical assistance (TA) of this nature at the district level or below is more appropriate for other USAID projects, for example Vistaar.*

Ques 2. Can a STAR-PRIME applicant be a current partner in either of the other two interventions described in the "Results Framework" (p. 8)? Although there are no "restrictions" mentioned the draft scope of work, we thought it best to clarify this issue.

Response: *Yes. We look forward to hearing from you.*

Ques 3. The bidders' conference provided much useful information to clarify the roles of the Vistaar, Urban Health and the proposed MCH-STAR Programs in the broader context of USAID/India programming. However, it would be helpful for USAID to *contrast* these programs focusing on differences – particularly between the Vistaar Program and the MCH-STAR Program. For example, the public informational sheet provided by Vistaar describes its key activities as (i) evidence reviews of MNCHN interventions, (ii) demonstration and learning projects it characterizes as "action research", (iii) advocacy by promoting recommended models, and (iv) building capacity to support adoption of recommended models at scale. The draft SOW for the MCH-STAR Project objective (p.9 of the draft SOW) emphasizes "technical assistance, policy analysis and advocacy, and operations and policy research". Given the obvious similarity of wording with the MCH-STAR draft SOW, could USAID/India contrast how these two projects are intended to be different.

Response: *See page 21 and 22, "USAID's Core MNCHN Programs", and page 28, item B.*

Ques 4. Could USAID/India clarify or expand upon the mechanisms by which USAID/India and the GOI envision the Vistaar, Urban Health and MCH-STAR programs to collaborate to the benefit of the NRHM (and other national programs)

on an operational basis – or whether it is the role of the 3 projects to identify the mechanisms of collaboration.

Response: *For collaboration among the UHRC, Vistaar, and MCH-STAR, See page 21 and 22, "USAID's Core MNCHN Programs", and page 28, item B.*
See also top of page 24, item number 9.

Ques 5. On p.16 of the draft SOW, it states: "What MCH-STAR will not do". Item number 1 states "MCH-STAR will not provide direct implementation and operational support to programs …". It appears reasonable that governance and/or management issues are evident at the implementation level, and could be the subject of useful policy, applied or operational research for the NRHM. Are these types of research to be encouraged or discouraged under the MCH-STAR Program.

Response: *The statement that MCH-STAR will not provide direct operational and implementation support to programs should be seen in the context of Page 19, item 7. USAID's intention is to provide direct support for the implementation of on-the-ground health programs only where catalytic, and that will be largely restricted to research and the category generally referred to as "demonstration and learning." In answer to the final question, see page 34, final bullet (that begins with "The offeror will provide an analysis . . .") where the offeror is invited to provide an analysis and justify key areas of research to be supported by MCH-STAR. See also page 29, item 3 under "What MCH-STAR will not do," where it is implied that governance and management issues should be considered.*

Ques 6. The bidders' conference provided clear understanding on inclusion of PHFI and IndiaClen as Star Supported Institutions (SSIs). However, more clarity around certain SSI-related issues would strengthen bidder responses – specifically regarding:

Ques 7. Minimum criteria guiding eligibility of an institution to be an SSI, and whether PHFI and IndiaClen are intended as examples of institutions that meet the criteria identified in the draft SOW – or are they exempted from those criteria?

Response: *PHFI and IndiaCLEN have been specified by USAID and do not have to be further justified for SSI choices.*

Ques 8. Whether a collective vision exists/needs to be developed (among GOI, state governments, and USAID) regarding the overall relationship between SSIs and their customers, the overall function(s) to be served by SSIs as a USAID legacy, and the intended manner of interaction among these groups by the conclusion of the project (including how existing institutions are not fulfilling this role)?

Response: *The role of MCH-STAR and the SSIs is consistent with the GOI and state vision for providing technical assistance to NRHM, where it has been expressed. See pages 14 and 15. This is an area where USAID expects to see continued development and evolution over the course of MCH-STAR, with evolving conditions within the GOI, state governments and among donors and other partners. There is no structure that serves ICDS that is analogous to NHSRC,*

and the specifics of interaction with ICDS at the national level will need to be developed.

Ques 9. On p. 14 under "Program Approaches", the last sentence on the page states "SSIs will be the primary implementing agents for MCH-STAR's MNCHN activities and services". This statement is followed by an enumeration of the apparent "capacities" USAID/India intends to strengthen within one or more SSIs (i.e., ability to deliver TA, operational research, program evaluation, policy analysis and the preparation of technical papers, and advocacy). Are these the basic "capacities" referred to throughout the draft SOW to be strengthened? With respect to the first of these capacities, "technical assistance", can USAID/India specify the categories, areas or skill sets of technical expertise that it seeks to establish, emphasize or strengthen within SSI institutions?

Response: The core capacities to be built are those listed in the first paragraph, page 28, that begins with "The SSI's will be the primary . . ." See also page 30, section 2.1.3, item 1, b; page 33, section 2.2.2; and the last bullet on page 36.

Ques 10. What USAID means by a "sustainable" SSI – does this mean financial self-sustainability and/or technical and managerial self-sustainability?

Response: See page 33, section 2.2.2. USAID intends to support capacity development to provide MNCHN support and to do so in institutions that are sound and are already judged to be sustainable from an institutional point of view. Such institutional sustainability includes financial and managerial aspect.

Ques 11. Whether an SSI can/should be an institution from the public sector, private sector, quasi-public sector and/or NGO sector? Is there a preference to include, emphasize or exclude certain categories of organizations? USAID/India used the term "quasi-public sector" or "quasi-governmental" several time in the bidders' conference. Can USAID/India provide a more precise definition of these terms?

Response: See section 2.2.1, pages 31 – 32, especially the final paragraph.

Ques12. Whether locally registered NGOs deriving from international NGOs are eligible without prejudice to be an SSI, and is there selection encouraged or discouraged.

Response: Locally registered NGOs deriving from international NGOs have not been excluded by USAID. Again, see section 2.2.1, pages 31 – 33.

Ques 13. Beyond PHFI and IndiaClen, does USAID/India preferentially encourage or discourage contractors from recommending building capacity of an organization that happens to be a more state-focused institution able to bring a more state centric context to the role of an SSI *OR* to SSI candidates that are more nationally focused institutions and able to navigate more generic issues that affect change, eventually, across multiple EAG states? If the former, does this conflict with the apparent long-term goal of USAID to have MCH-STAR project outputs be brought to scale across EAG states drawing upon the assistance of SSIs?

Response: See section 2.2.1, pages 31 – 33, especially the final paragraph of the section.

Ques 14. Many EAG states (including UP and Jharhkand) have established Health Service Resource Centers (HSRCs) or possess a similar legacy institution intended to serve in many respects as USAID has described an SSIs. Is there a reason why USAID has not identified these local, state level institutions as SSIs (one in UP and one in Jharhkand) along IndiaClen and PHFI? Would USAID encourage or discourage the nomination of a state level NSRC or its equivalent as an SSI?

Response: *It is USAID's understanding that state-level HSRC's have not been established in UP or Jharkhand. See section 2.2.1, pages 31 – 33, especially the final paragraph of the section. It is important to note that MCH-STAR is a five year project and substantial increase in capacities and demonstrated ability to deliver key MNCHN services is required by the end of the project period. SSIs should be chosen with this requirement in mind.*

Ques 15. Would USAID/India comment upon whether in lieu of identifying all SSIs to be nominated by the contractor (beyond IndiaClen and PHFI) in the proposal response, if it would be acceptable for the contractor to identify a *process* for identifying appropriate or additional SSIs once the project has begun. Such an approach might: (i) help facilitate more stakeholder buy-in, and (ii) allow for a more organic process of identifying the most appropriate institutions to be targeted as SSIs.

Response: *See section 2.2.1, pages 31 – 33, especially the final paragraph of the section.*

Ques 16. The RFI notes that the GOI formed the National Health Services Resource Center (NHSRC) – an institution that seems to be tasked with many of the functions that the prime contractor for MCH-STAR will provide in lieu of an efficiently functioning NHSRC, yet the RFI does not make clear whether there is a desire on the part of the MCH-STAR prime contractor to build capacity of the NHSRC as a legacy of the project. What is USAID/India's intent in this regard? Does USAID seek to create another self-sustaining institution outside of NHSRC as a legacy of the project or to support the general efforts underway to strengthen the NHSRC?

Response: *USAID intends to support the general efforts to strengthen the NHSRC. The role of MCH-STAR will be to support MNCHN technical positions in the NHSRC and to build strong partner institutions that can provide the MNCHN technical services that the NHSRC will require if it is to be successful in its mission. As the NHSRC develops, USAID will work with MCH-STAR to identify other means to strengthen the NHSRC that are within the Scope of MCH-STAR. See pages 14 and 15.*

Ques 17. USAID/India seeks the prime contractor through SSIs to deliver operations and policy research, analysis, advocacy, and technical support. Can USAID clarify:

Ques 18. If these capacities should be applied to or delivered vis-à-vis problems and issues in the village or community; at the intersection of the village/community and its access to entry-level *personnel* of the health system (e.g., ANMs, ASHAs); at the intersection of the village/community and its access to entry level health care *facilities* in the community (eg., the CHC); at the

intersection of the village/community and its access to *progressively more complex levels of the health system*; and/or some *combination* of these?

Response: *It is not USAID's intention to support hospital and tertiary care-focused activities under MCH-STAR. Priorities will be established through a consultative process to identify activities that will best address obstacles to improving MNCHN in UP and Jharkhand and more generally in the poorest performing districts of EAG states. See, for example, page 33, section 2.2.3, first bullet; page 35, section 2.2.4, first bullet; and page 35, section 2.2.5, first paragraph.*

Ques 19. If these capacities are intended to focus more on problems and issues of a non-clinical, clinical, and/or management and administrative nature?

Response: *With respect to the subject areas specified in Question 17, see the response to Question 5, second part. With respect to the capacities to be build in SSI's, see the response to Question 10.*

Ques 20. On pages 9 and 10 of the draft SOW, USAID/India enumerates "project principles". The underlined portion of each bulleted point is crafted as a principle, but, the text following the underlined portion suggests each underlined statement is an "activity". Are these bulleted points principles to guide the work of MCH-STAR activities or are these bulleted points somehow to be interpreted as being specific activities?

Response: *These are principles to guide the work and assist priority setting in MCH-STAR. These are not activities, but provide context for the operational and technical approaches, as well as for the activities that are specified under section 2.2.*

Ques 21. The RFI lists the following reports that are not readily available in electronic form. Can these be posted to the USAID/India website:

- 3rd Joint Review Mission – at least the portions for UP and Jharkand States, and
- India's official health statistics or those (MNCHN) health statistics from any source that can be accepted for citation in a proposal response.

Are there publicly available evaluations of the NRHM, or any of USAIDs existing projects (not yet available through the clearinghouse) that can be made available?

Response: *Available documents have been cited in the document, with links.*

Ques 22: In section 1.4, page 7, of the draft RFI, USAID/India indicates: "one aim of MCH-STAR is to consolidate the Mission's MNCHN management structure and to increase the integration and coherence of overall MNCHN technical support". Is the deriving of efficiencies implied by this statement purely a matter of interest that is internal to USAID/India? *OR*, can the mission provide more specific guidance as to whether this statement implies that the MCH-STAR Program management structure is somehow intended to provide management and technical oversight or guidance to other pre-existing projects operated by other contractors or their continuation projects? The bidders' conference and the text of the RFI seem to suggest that there would be some kind of a management relationship between MCH-STAR and at least two other projects (A2Z and

ImmunizationBasics). Can the mission explain these relationships as they will work vis-à-vis the current existing projects/contractors, and how they will work upon re-bid of these projects? Is USAID suggesting its intent to add the SOW of these two projects to MCH-STAR at a later date (along with appropriate funding to continue their activities)?

Response: *The autonomy of existing contracts will not be affected by MCH-STAR. Existing contractors and projects will not be required to seek approvals or be otherwise managed by MCH-STAR. USAID will institute and manage processes to maximize coordination and constructive collaboration among all MNCHN contractors and projects in India. See also the response to Question 35 below.*

Ques 23. Some participants to the bidders' conference inferred from comments by USAID that USAID seeks only a prime contractor to fulfill this contract without assistance of any sub-contractors. Is this correct? While total project funding suggests having sub-contractors may not be feasible (or at very least, very limited in number) are sub-contractor relationship not permitted under this procurement? Would USAID/India encourage or discourage use of qualified Indian sub-contractors?

Response: *There is no restriction on proposing subcontractors in MCH-STAR, except that proposed subcontractors, if any, not be from U.S. foreign policy restricted countries such as Cuba, Iran, Syria, or North Korea.*

Ques 24. On page 12, item # 4 of the draft SOW under the section on "Main Results and Key Indicators" it states "programs are improved through the provision of well-informed and competent technical assistance at the national level". This is repeated in the section on Program Approaches, section A, Capacity Building of Indian Institutions on the bottom of page 14. Can USAID/India specify the types, categories, topic areas, or skill sets of technical expertise it envisions to be sought?

Response: *See Section 2.2.5, page36, final paragraph of the final statement of work.*

Ques 25: On p.12 and later on the top of p.18, it states that technical assistance will be provided to stakeholders at the national level. Is it the intention of USAID to have contractors interpret this to exclude MCH-STAR SSIs from providing TA to state level agencies?

Response: *Statements throughout the document have been revised and clarified to include state level assistance.*

Ques 26. On p. 15, paragraph B, the last sentence, it states: "As a general rule, TA for MNCHN matters funded by USAID will be facilitated and coordinated through MCH-STAR. Can USAID expand upon the implications of this statement. Is this intended to suggest that existing contracts held by other USAID contractors in India will be required to coordinate or even seek TA through MCH-STAR?

Response: *The autonomy of existing contracts will not be affected by MCH-STAR. Existing contractors and projects will not be required to seek approvals or be otherwise managed by MCH-STAR. USAID will institute and manage processes to*

maximize coordination and constructive collaboration among all MNCHN contractors and projects in India.

Ques 27. On p. 19 (top) under the section on Statement of Work, it states "applicants should provide an analysis of constraints and challenges to effective MNCHN programs in India". Does USAID/India anticipate every bid to contain such an analysis or is this intended to be deliverable under an awarded contract. It would seem that part of the intent of the MCH-STAR Project is to undertake to identify these constraints and challenges through a collaborative process that results in consensus on these points as well as a consensus on their prioritization rather than presented as a fait accompli by each bidding contractor individually.

Response: This analysis of constraints and challenges is required to justify and explain the choices that the offeror is proposing.

Ques 28. Similarly, on p. 20 under section 2.4, the last bulleted section, it states "applicant will provide an analysis of the types of research needs and expertise required …". Does USAID/India anticipate every bid to contain such an analysis or is this intended to be deliverable under an awarded contract. It would seem that part of the intent of the MCH-STAR Project is to undertake to identify these research needs through a collaborative process that results in consensus on these points as well as a consensus on their prioritization rather than presented as a fait accompli by each bidding contractor individually.

Response: This analysis of constraints and challenges is required to justify and explain the choices that the offeror is proposing. Secondly, the interpretation is correct that USAID is seeking to define specific research needs and topics through a collaborative process.

Ques 29. Page 12 of the draft RFI, paragraph c, states that it is expected that in the fifth year of the project, USAID funds will constitute no more than one third of all funding for MNCHN activities. Please clarify what sources USAID includes in the definition of "all funding" for MNCHN activities.

Response: This statement has been revised to reflect no more than 50% by year four. All MNCHN funding is the cumulative total funding from contractual agreements or donor sources for MNCHN activities carried out by the organization. USAID funds indicates funding from all USAID sources, not only MCH-STAR. In the case of a public sector SSI, this definition will need to be revised to appropriately reflect their different funding structure.

Ques 30. Page 15, paragraph b, states that TA for MNCHN matters funded by USAID will be facilitated and coordinated through MCH STAR. Please clarify what mechanism is envisioned to enable this project to facilitate and coordinate the TA provided by other on-going USAID funded projects that address MNCHN matters.

Response: The autonomy of existing contracts will not be affected by MCH-STAR. Existing contractors will not be required to seek approvals or be otherwise managed by MCH-STAR. USAID will institute and manage processes to maximize

coordination and constructive collaboration among all MNCHN contractors and projects in India. See pages 21 and 22, section 1.5 last two paragraphs.

Ques 31. Page 15, paragraph c, of the draft RFI states that information collected as a result of the research supported by MCH-STAR will be disseminated through reports, consultations, and workshops for policy dialogue and informed decisions. Please advise of the budget estimate of $13-16 million over 5 years includes the costs of these reports, consultations, and workshops; the number of research studies and budget needed for these studies, reports, consultations, and workshops.

Response: Yes, the budget for this will be within that of MCH-STAR. Numbers of studies, for example are given in section 2.1.1, under "Main Results and Key Indicators".

Ques 32. Given that USAID focuses its MNCHN efforts on the states of Uttar Pradesh and Jharkhand, is it required that the SSIs selected to participate in MCH-STAR are based in UP and Jharkhand or that they have offices or branches in these states?

Response: See section 2.2.1, last paragraph. SSIs will need to be able to work in UP and Jharkhand. USAID has not specified, and therefore is not requiring, that they must have a permanent physical presence in one or both states.

Ques 33. Page 21 of the draft RFI refers to non-SSI TA resources (local and international) that may be needed when SSIs are unable to meet the TA needs. Please confirm that the bidders are expected to describe a process for selecting and procuring these additional resources, but not to present these additional resources in the proposal (e.g. CVs of short-term international and local non-SSI experts).

Response: See 2.2.5, bullet 4. USAID has not requested that individuals be proposed who would be available to provide specific assistance. It is required that the source of such TA be identified, the process for procuring and providing the TA on a timely basis be set forth, and that the quality and price of such TA be competitive with USAID/W MNCHN technical projects.

Ques 34. As the most recent strategic document available on USAID/India's web site is a strategic plan for 2003-2007 drafted in April 2002, could the Mission please share with the bidders its most recent strategic documents, such as Country Operational Plan, or any other documents outlining USAID/India's current strategic objectives and framework.

Response: A summary of the most recent MNCHN strategy is now included in section 1.4.

Ques 35. Please elaborate on which USAID projects are coming to an end during the project period.

- Is it anticipated that any of these activities/programs would be incorporated into MCH Star?
- Please explain the intended relationship between MCH Star and the Frontiers Project which has been involved in policy and research efforts?

Response: *[first part/first bullet only]*

USAID/W global projects with activities in India that have ended or will end during the MCH-STAR project period, and that MCH-STAR will replace and, to a varying extent, incorporate include:

- *BASICS III*
- *Global Research Activity (Johns Hopkins University)*
- *Country Research Activity (MNCHN activities only; CRA activities in India are implemented through Boston University, primarily providing support through INCLEN to IndiaCLEN)*

For further information see: For further information see:
http://www.usaid.gov/in/our_work/program_areas/guide.htm.
Maternal Child and Urban Health Section, especially pages 19, 26
Cross-cutting Activities Section, page 53

In the third through fifth year of MCH-STAR, as A2Z (micronutrients) and ImmunizationBASICS (routine immunization) projects transition and end, increased activity in these areas will be supported under MCH-STAR.

In addition, there are at any given time a number of smaller, niche activities where other USAID global activities play a time-limited role to support a specific activity. USAID anticipates that such activities will largely be incorporated into, or substantially collaborate with, MCH-STAR in the future. Recent such activities were in the areas of nutrition, skilled birth attendance, and facility-based neonatal care.

Ques 36. Among the project principles listed on page 9 of the RFI, all but 2 of the 9 (Principles 7 and 8 on building capacity of Indian institutions and management of USAID MNCHN support) are the same project principles that guide the Vistaar project. For example, The Vistaar project is working with national and state government leaders and other stakeholders to conduct evidence reviews of MNCHN practices and using this information to design demonstration and learning activities (operations research) within the states of UP and JH and to develop advocacy strategies with the govt for scale up. Please clarify how USAID envisions the relationship between projects with a potential overlap in project principles.

Response: *The project principles set forth in the NIHP RFA (now Vistaar) and the MCH-STAR RFTOP are both derived from the MNCHN strategy principles (see section 1.4) and, as such, these principles are relevant to all USAID MNCHN activities. For the interaction of Vistaar and MCH-STAR, see page 21 and 22, "USAID's Core MNCHN Programs", and page 28, item B.*

Ques 37. The RFI states that all MNCHN operations applied and policy related research priorities will be determined through a national process. What is to happen to other research efforts that might be planned that address the priority needs of the states of UP and JH or other states that may not be national priorities?

Response: *The national priorities that MCH-STAR will support have been clarified to be those that are relevant to the poorest performing districts in the EAG states, as well as state priorities in UP and Jharkhand. See sections 2.2.3 and 2.2.4.*

Ques 38. Is the offerer expected to identify other SSIs with which the project might work as part of the proposal process or alternatively describe a process by which such identification and selection of potential SSI might be conducted once the project is awarded?

Response: *See section 2.2.1, pages 31 – 33, especially the final paragraph.*

Ques 39. Must any SSI that might be selected for assistance within MCH Star be engaged in research? Is it possible to assist SSIs that focus on program implementation or capacity building?

Response: *See section 2.2.1, pages 31 – 33, especially the last paragraph, where it is stated: "All SSIs do not necessarily have to possess, or have the potential to develop, all capacities required under MCH-STAR, but, when taken overall, all MCH-STAR capacities must be represented in the group of SSIs proposed."*

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Ques 40. Is National Health Systems Resource Center one of the SSIs that could be considered for capacity building within MCH Star?

- What is the expected role and relationship of MCH STAR to ITAP that also provides technical support and staff to NHSRC?
- Are the two FTE of TA to be provided to NHSRC anticipated to work within NHSRC? Is it expected to be 2-3 people or be made up of numerous technical advisors contributing a total of 2 FTEs? What is the relationship of these positions with other similar positions provided through ITAP?

Response: *There are no MNCHN positions in NHSRC, funded by ITAP or otherwise. MCH-STAR should not expect to fund or devote LOE to NHSRC positions of a general support or health systems character that are being funded from other sources.*

Ques 41. Please provide more background on the success of USAID projects in seconding or supporting positions within Government or SSI institutions.

Response: *See section 1.3, especially page 15 of the SOW.*

Ques 42. Please offer more detail on what it means that the USAID funded technical assistance in MNCHN will be coordinated under a single management structure?

- Will MCH STAR have the authority to change the workplans or activities of other projects if it determines a duplication of effort?
- Will MCH STAR have the authority to approve all TA in MNCHN at the national level for all USAID projects?
- Does this mean that UHRC, for example, would need to get approval for any TA it wants to bring out for its program from MCH STAR?
- Is it expected that MCH STAR would coordinate or need to approve meetings with govt officials? Sponsorship of activities that have significant government involvement? etc. This could be particularly problematic for projects dealing with the same government entities and wanting to represent a unified vision and effort from USAID.

Response: *The autonomy of existing contracts and projects will not be affected by MCH-*

STAR. Existing contractors will not be required to seek approvals or be otherwise managed by MCH-STAR. USAID will institute and manage processes to maximize coordination and constructive collaboration among all MNCHN contractors and projects in India.

Ques 43. In Section 2.2 of the draft Statement of Work (page 18), USAID notes that applicants will use the Public Health Foundation of India (PHFI) and IndiaCLEN as two example SSIs and provides contact information for those organizations. Has the Mission provided instructions to PHFI and IndiaCLEN about how to respond to interested applicants? Will they be expected to provide information on their organizational capabilities to all applicants and be willing to "partner" on every bid? Can the Mission share its instructions to PHFI and IndiaCLEN with interested applicants?

Response: USAID has requested, and PHFI and IndiaCLEN have agreed, the following:

- *PHFI and IndiaCLEN will not enter into any exclusive teaming agreements with respect to MCH-STAR;*
- *PHFI and IndiaCLEN will initiate discussion with any offerer that contacts them by providing a uniform packet of basic information; and*
- *PHFI and IndiaCLEN will discuss their views and needs, their views of most advantageous teaming arrangements to serve the interests of PHFI and IndiaCLEN, and other matters as appropriate whenever they are contacted by offerers and requested to do so.*

[Question rephrased and shortened for clarity.]
India has many resources -- in terms of infrastructure, personnel, and policies -- yet the health problems in the area of MNCHN are still severe. One reason is poor management of existing programs and resources. In fact, one might even say that some health problems in India are, to a large extent, management problems – for example, maternal mortality. For that reason, I have worked for years with the faculty at the Indian Institute of Management in Ahmedabad (IIMA) and found its operations research and insights on MCH programs in India to be most practical and useful.

Therefore, on reading the draft SOW, I immediately thought of IIMA as being one of the SSIs, in addition to the IndiaCLEN and PHFI. Yet, at the conference, I got the impression that such institutions would not be eligible.

Ques 44. Would IIMA be eligible to be an additional SSI ?
Ques 45. If IIMA were not eligible to be an SSI, could they be a non-SSI partner?
Ques 46. Would an institution such as an IIM be eligible to be an additional SSI?

Response: Yes to all, such institutions have not been specifically excluded from consideration as an SSI. See, for example, section 2.2.1, last paragraph, page 32 and 33 of the SOW.

Ques 47. Would an institution such as an IIM be eligible to be a sub-contractor or partner other than as an SSI?

Response: Yes.

Ques 48. Will it strengthen a proposal to name a range of non-SSI partners?

Response: The offeror, (inclusive of its subcontractor,) is required to demonstrate that the capacities to fulfill the role of the STAR-Prime. In order to achieve this, non-SSI partner Indian entities, proposed as sub-contractors are acceptable.

Ques 49. Focus issue: If the key focus of the effort is the 200 poorest performing districts in the EAG, then we would suggest that the Main Results section focus its attention on establishing the technical assistance and applied, operations, and policy research focus on the priority issues of these selected areas. By doing this, one will probably hit upon national priorities but the range of priorities across the 28 Indian states and 7 Union Territories makes it nearly impossible to establish "national level" priorities in a country as large and diverse as India. Focusing on the poorest districts in the EAG Region would make this enterprise more manageable, focused, and potentially, more effective in creating the improvements in the selected MCH indicators. The capacity strengthening aspects might draw upon institutions with a national mandate (like IndiaClen and PHFI) but preferentially focus on strengthening institutions and individuals working in the EAG region.

Response: The solicitation (RFTOP) has been revised to better reflect USAID's priority to keep resources focused on improving the poorest performing districts in the EAG states. See sections 2.2.3 and 2.2.4, for example, of the SOW.

Ques 50. Activity Exclusion: Please clarify what is meant by the exclusion of support for "clinical research". If a national priority was to improve the ability of community-based health workers management of pneumonia, then a well-designed, statistically robust, analytically sound, cluster randomized community trial might be an appropriate applied research study. Many scientists would consider such a trial as "clinical" research. Similarly, facility-based research to improve operational aspects of maternal care during labor and delivery might be seen as facility-based "clinical" research. We assume that the intent of this program is to conduct applied and operational research that reduces maternal, neonatal, and child deaths and if what is needed is a "clinical" study, then it would be appropriate to the goal of this program. Please clarify.

Response: USAID does not rule out facility-based clinical trials, but MCH-STAR will not focus on such activities.

Ques 51. The key constraints which hampers health programme implementation and effectiveness in India, and especially is EAG states is lack of management and public health capacity at national, state and district level. For example, for the whole country there are only three technical top managers in Government of India looking after all aspects of maternal health. This is grossly inadequate in view the size of the country, its population and number of births. At the state level, no state in India has any dedicated technical officer for maternal health. The management capacities in child health and other reproductive health programmes are no better. Given these realities one of the key objectives should be to substantially strengthen the state directorates of health services and the national government RCH office. Technical assistance is required useful and essential but the state and central government offices should have the bare minimum capacity to even manage technical assistance effectively and sustain the programme efforts after the technical assistance is over. In some states, the government capacities are so limited that in effect many programmes and activities are managed by outside technical assistance.

This is not a sustainable system of improving health of the population of India and health care delivery. RFI should focus on analysis of technical capacities and invest efforts to engage in a dialogue with key stakeholders to formulate a long-term plan to enhance the number of managers, clinicians with leadership and management capacity and training as well as management of their public health capacities.

Response: USAID takes this as advice, no response required.

Ques 52. The capacity building should focus on developing capacities of state institutions such as State Institutes of Health, Medical colleges (community medicine, Paediatrics, Obgyn. Depts.), State Institutes of Public Administration, Directorates of Health especially demography and evaluation cells as well as of select government and nongovernmental organizations in India which already are involved in technical training and capacity building efforts in India.

Response: USAID takes this as advice, no response required.

Ques 53. While we find that the draft statement of work and the Pre-Solicitation Conference in Delhi provide some detail on many aspects of USAID's planned work under MCH STAR, it has much room for improvement. Clarity and detail in the RFI will help ensure that USAID partners charged to implement USAID's efforts under MCH STAR can undertake efforts in a systematic, effective, efficient and sustainable manner. For example, it is unclear what is meant by "gender lens" or how the PRIME organization would be selected in the RFI. Another example is the lack of clarity on whether SSI's in UP and Jharkhand are the ones that are eligible or whether USAID will look to other organizations to build up and provide technical assistance to organizations that are targeted to be future SSIs in these two states but which currently lack the capacity and the resources to serve as SSIs.

Response: USAID takes this as advice, issues of possible state SSI's have already addressed in the revised SOW.

Ques 54. We strongly suggest that, as part of the MCH STAR RFI, USAID develop a systematic evaluation plan and fund this evaluation so that lessons learned from this effort can be gathered and integrated in the implementation of MCH STAR in an ongoing manner. Too often, early phases of implementation of large projects, such as MCH STAR, in a country like India offer insights and data that can serve t improve the implementation and hence the effectiveness of the project and ultimately result in accrued benefits to the target population. One suggestion is to fund an SSI (or multiple organizations) to design and implement an evaluation plan alongside the development of work plans by the PRIME and SSIs from the very start of the proposal development phase. Ongoing evaluation of large projects such as the MCH STAR will help ensure that well-intentioned project efforts are effective in reaching the goals envisioned by USAID.

Response: USAID takes this as advice, no response required.